

My Dietary Supplement and Medicine Record

Name _____ Date _____

Enter all of the Dietary Supplements, Prescription Drugs, and Over-the-Counter Medicines that You Take.

What I'm Using Dietary supplement, prescription drug or over-the-counter medicine (product name and active ingredients)	What It Looks Like Color, shape, size, markings, etc.	How Much Dose	How to Use and When	Start/Stop Dates	Why I'm Using	Who Told Me to Use and How to Contact
<i>EXAMPLE: Calcium – Calcium Carbonate</i>	<i>White oval tablet</i>	<i>500 mg</i>	<i>Take orally, 1 time a day with food</i>	<i>9/15/18 to present</i>	<i>Bone health</i>	<i>Dr. S. Smith (800) 555-1212</i>

Allergic Reactions or Other Problems I've Had with Any Dietary Supplement, Medicine, Food, Skin Product, etc.

Additional Notes

Questions I Should Ask About Dietary Supplements or Medicines

- Are there any special directions for using this product?
- Should I avoid any other dietary supplements, medicines, or treatments while using this product?
- Should I avoid any foods, beverages, other substances, or activities while using this product?
- What are the possible side effects from this product? Is there anything I should watch for? What should I do if I get a side effect?
- What should I do if I miss a dose?

Tips for Using My Dietary Supplement and Medicine Record

- **Fill in this record with any dietary supplements, prescription drugs, or over-the-counter medicines you take.** Note: Dietary supplements include vitamins, minerals, herbs and botanicals, amino acids, enzymes, and many other products.
- **Print and share this record** with your doctors, pharmacists, or other health professionals at all your visits.



My Dietary Supplement and Medicine Record (continued)

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